SPECIAL NEEDS POPULATIONS

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Instructor

I. Major Mental Illnesses

II. Personality Disorders

III. Developmental Disabilities and Disorders

MAJOR MENTAL ILLNESSES

One in 4 people in this country have a mental illness. Think of your 3 closest friends. If they seem normal… then you're the one!

Myths/stereotypes about people who have mental illnesses:

1. More dangerous than general population
2. “Brought on" by the mentally ill person
3. Usually live in institutions or on the streets
4. Illnesses are not treatable
5. Incompetent
6. Have lost rights to vote, drive, marry, reproduce

Neuroses - Emotional Disturbances

Psychoses - Chemical Imbalance

Organic Changes - damage to areas of the brain

Situations in which peace officer may intervene with mentally ill persons:

1. Misdemeanors
2. Homelessness
3. Involuntary hospitalization
4. The mentally ill person is the victim, not the perpetrator

Approaches and Interactions by a Peace Officer

What you can do:

1. Remember that aggression is infrequent and is usually due to fear
2. Keep calm and don't argue, yet maintain control of the situation
3. Allow personal space; don't physically confront
4. Don't touch unless you say you are going to
5. Help the person get and stay oriented by talking to him/her
6. Seek emergency mental health assistance
7. Don't evaluate on your own
8. Treat all suicidal talks and gestures seriously
9. Ask easy "yes/no" questions or offer one option at a time. Allow response time
10. Be flexible; keep the emotional level down
11. Reduce distractions; have one to one communication if possible
12. Be honest!
13. Be reassuring: "I'm here to help you;" "This is a safe place."

Involuntary Hospitalization (Civil Commitment)

The terms "involuntary hospitalization" and "civil commitment" are often used interchangeably. Both terms signify the confinement of persons with mental illness for the purpose of treatment without their consent.

Chapter 229 contains an immediate custody provision. The law directs the sheriff or the sheriff's deputy to take the individual against whom an application has been filed into immediate custody if the judge finds probable cause to believe, based upon the application and accompanying documentation, that the respondent has a serious mental impairment and is likely to injure himself/herself or other persons if allowed to remain at liberty.

The statute also provides an emergency hospitalization procedure for a person with mental illness. This provision is only utilized when the regular commitment procedures are unavailable because there is no immediate access to the district court. Under this statutory provision, a peace officer who has reasonable grounds to believe a person is mentally ill, and because of that illness is likely to physically injure the person's self or others if not immediately detained, may take that person to the nearest available facility. A suitable facility is defined as a suitable hospital or a public or private facility which is equipped and staffed for mental health

Purpose of Involuntary Commitment:

To obtain psychiatric treatment for persons unwilling to voluntarily seek treatment

Commitment criteria

1. The mentally ill person must be
    a. Dangerous to self
    b. Dangerous to others (includes being a threat to mental health of family members or others who can't avoid the person
    c. "Gravely disabled": unable to meet or obtain basic human needs such as food, clothing, and shelter

TRIVIA QUIZ A

1. What colors appear on the flag of the United States?
2. What year did Christopher Columbus discover America?
3. How many original states were there?
4. What former President of the United States is on the $1 bill?
5. Who was President during the Watergate Scandal?

TRIVIA QUIZ B

1. What colors are in the flag of Sri Lanka?
2. What year did Ferdinand Magellan discover the Straits of Magellan?
3. How many Confederate states were there?
4. What former President of the United States is on the $1,000 bill?

Schizophrenia

1. Thought disorder -- not multiple personality
2. Psychotic symptoms: delusions, hallucinations, catatonia, inappropriate affect
3. Residual symptoms: peculiar behavior, poor hygiene, and grooming, odd beliefs, magical thinking
4. Chemical imbalance in neurotransmitter of brain
5. 1% of the population is affected

Types of Schizophrenia

Paranoid
Catatonic
Disorganized
Undifferentiated
Residual

Categorized as Acute or Chronic

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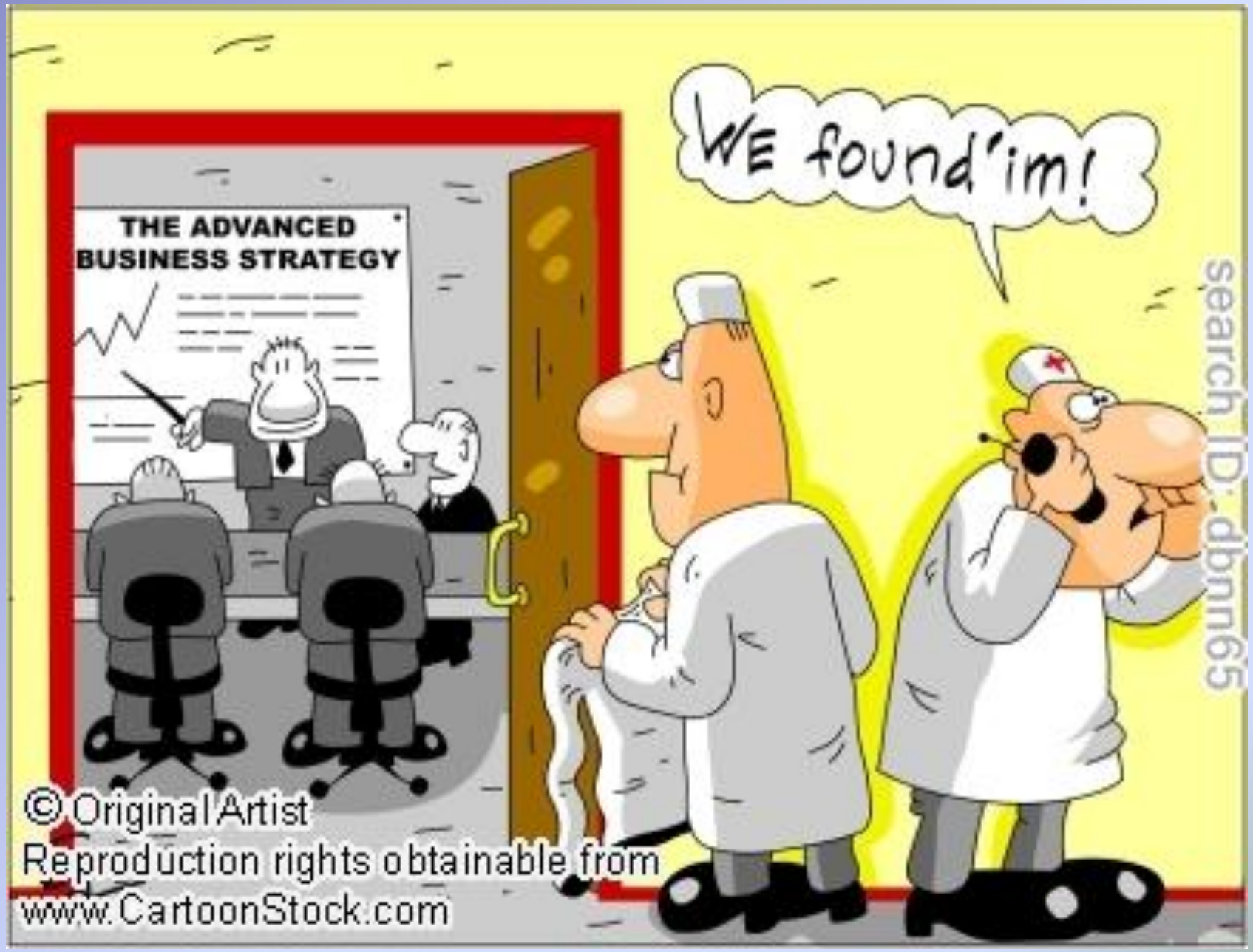
The Schizophrenic Brain


THE ADVANCED BUSINESS STRATEGY
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Schizophrenia Statistics

1. "There are as many schizophrenics in America as there are people in Oregon, Mississippi and Kansas, or in Wyoming, Vermont, Delaware and Hawaii combined."

2. National Institute of Mental Heath estimates that nearly 3,000,000 Americans will develop schizophrenia during the course of their lives, and that about 100,000 Schizophrenic patients are in public mental health hospitals (institutes) on any given day.

3. Some individuals with chronic (continuous/recurring) schizophrenia may not fully recover normal functioning and typically require long-term treatment, usually including medication, to control symptoms. Some chronic schizophrenic patients may never be able to function independently.

4. Schizophrenia affects men and women with equal frequency.
   First symptoms:
   Men - teens and early twenties
   Women - twenties or early thirties for women.

5. Childhood onset rare – after the age of 5

Characteristics

1. May seem distant, detached, or preoccupied- may even sit rigidly, not moving for hours and not uttering a sound. Or he or she may move about constantly, always occupied, wide awake, vigilant, and alert.
2. May exhibit very different kinds of behavior at different times.
3. Delusions of persecution - paranoid schizophrenia
4. Can't focus, concentrate, easily distracted, unable to focus attention. Can't sort out what is relevant. Unable to form logical sequences- thoughts disorganized fragmented. Jumping from topic to topic - contributes to social isolation.

The World of People With Schizophrenia

1. They have their own perspective – our world seems distorted to them, changeable and unreliable. A person with schizophrenia may feel anxious and confused.
2. Hallucinations:
   - Auditory - most common
   - Visual
   - Tactile – most frightening
3. Delusions – beliefs not based in reality
4. Disordered Thinking
5. Inappropriate Affect (includes "blunted" and "flat")

(Schizophrenia Video)

Many schizophrenic people often think, feel, and act in a "normal" fashion. Unless in the midst of an extremely disorganized state, a schizophrenic person will have some sense of common reality such as, knowing that most people eat three times each day and sleep at night.

Being out of touch with reality does not mean that an individual is living totally in another world. Rather, there are aspects of the schizophrenic world that are not an experience shared by most people - it is only a distortion of one part of reality. A schizophrenic person may therefore, appear and act well much of the time

Facts about Schizophrenia

- Setting aside persons with a record of criminal violence before hospitalization, mentally ill persons are no more prone to criminal violence than the general public.
- People with mental illnesses are more often victims than perpetrators.
- People with schizophrenia appear to have a higher suicide rate than the general population.
- There is an inherited /predisposition for schizophrenia
- Virtually all schizophrenia researchers now agree that parents do not cause schizophrenia.
- Sometimes people have psychotic symptoms due to undetected medical disorders.

Schizophrenia
Vignette

BIPOLAR DISORDER
(Manic-Depression)

- a mental illness involving episodes of serious mania and depression. The person's mood usually swings from overly "high" and irritable, to sad and hopeless and then back again, with periods of normal mood in between.

2 videos:

What is Bipolar Disorder?

Gupta breaks down Bipolar II Disorder

SYMPTOMS

- Cycles of mania and depression (flood gates of the dam)
- Excessive "high" or euphoric feelings
- A sustained period of behavior that is different from usual.
  -Increased energy, activity, restlessness, racing thoughts and rapid talking
- - Decreased need for sleep (manic phase)
- Unrealistic beliefs in one's abilities and powers
- Extreme irritability and distractibility
- Uncharacteristically poor judgment
- Increased sexual drive (manic phase)
- Abuse of drugs, cocaine, alcohol, and sleeping medications
- Obnoxious, provocative, or intrusive behavior
- Denial that anything is wrong. Bipolar disorder is often not recognized by the patient, relatives, friends, or even physicians
- Bipolar vs. Unipolar
- Some people have repeated depressions and only an occasional episode of mania. In others, mania or hypomania may be the main symptom and depression may occur only infrequently
- Harmful consequences of the disease can include destruction of personal relationships, loss of employment, and suicide

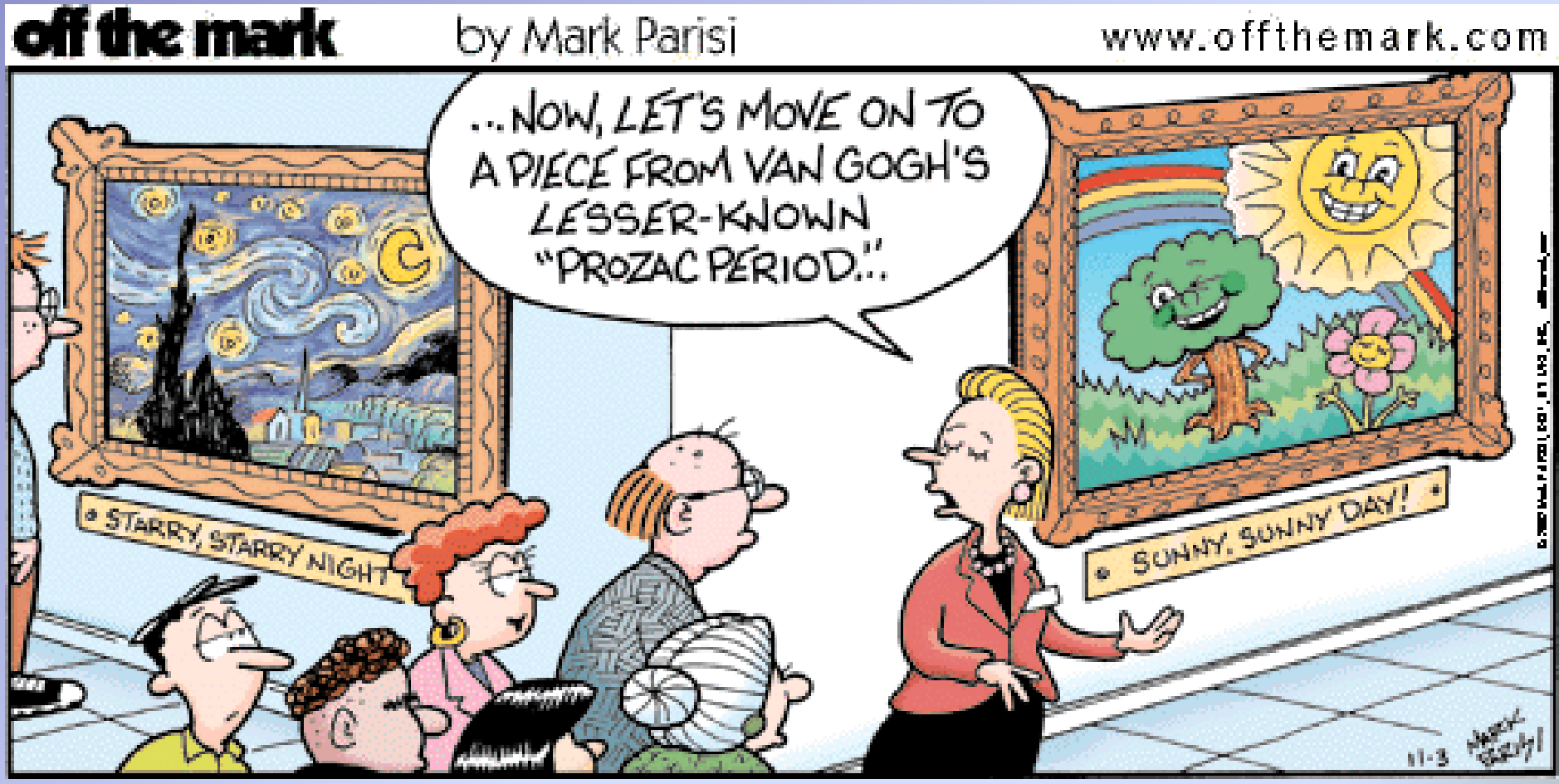
Hypomania

-also known as Bipolar II

-an early sign of Bipolar Disorder, where the person shows a high level of energy, excessive moodiness or irritability, and impulsive or reckless behavior. Hypomania may feel good to the person who experiences it. Even when family and friends learn to recognize the mood swings, the individual often will deny that anything is wrong.

- in its early stages may masquerade as some other problem e.g. alcohol or drug abuse, or poor school or work performance.

- if left untreated, tends to worsen, and the person experiences episodes of full-fledged mania and clinical depression.


off the mark
by Mark Parisi
www.offthemark.com
...NOW, LET'S MOVE ON TO A PIECE FROM VAN GOGH'S LESSER-KNOWN "PROZAC PERIOD."
STARRY, STARRY NIGHT
SUNNY, SUNNY DAY!

TREATMENT

- Lithium for Bipolar type
- Antidepressant medications for Unipolar.
- Psychotherapy provides support, education, and guidance to the patient and their family.
- People with Bipolar Disorder may need help to get help - may not recognize how impaired they are or may blame their problems on something else.
- Mutual support groups - ongoing encouragement and support

DEPRESSION

After both suffering from severe depression, my wife and I decided to commit suicide yesterday...

Strangely enough after she killed herself, I started to feel a lot better and thought, screw it! I'll try to make a go of it ...

FACTS ABOUT DEPRESSION

- In the United States, nearly10 million people experience a depressive illness during any 6 month period.
- Depressive illnesses cost billions of dollars; the economic costs have been estimated at $16 billion annually, of which $10 billion is due to time lost from work.
- Depressive illnesses cause grief and pain, contribute to family disruption, interfere with the depressed people's ability to function, and may lead to their premature death. depressive .
- The good news is that depression is the most treatable of all the mental illnesses. In fact, with appropriate treatment, approximately 80 percent of even serious depressions can be successfully alleviated.
- The bad news is that most people with a depressive illness do not seek treatment, many because they do not recognize that they have a treatable illness.

RECOGNIZING DEPRESSION

a. Persistent sad, anxious or "empty" feelings, feelings of hopelessness, pessimism, guilt, worthlessness, helplessness,

b. Loss of interest or pleasure in ordinary activities, including sex

c. Difficulty concentrating, remembering, making decisions

d. Restlessness or irritability

e. Sleep disturbances

f. Loss of appetite and weight, or weight gain

g. Chronic pain or other persistent bodily symptoms that are not caused by physical disease

h. Thoughts of death or suicide; suicide attempts

RECOGNIZING DEPRESSION (cont.)

i. Decreased energy, fatigue, being "slowed down"
j. Appetite and weight changes (either loss or gain)
k. Difficulty in concentrating, remembering, making decisions
l. Chronic aches or persistent bodily symptoms that are not caused by physical disease.

Anyone who experiences four or more of the above symptoms for more than two weeks, or whose usual functioning has become impaired by such symptoms, may have a depressive illness that should be evaluated by a mental health professional.

TYPES OF DEPRESSION

Dysthymia: A chronic disturbance of mood lasting for at least 2 years (1 year for children and adolescents), but symptoms are less severe than Major Depression. There may be brief intervals when the depressed person returns to a normal mood, but in this diagnosis the person is not without depressive symptoms for more than 2 months. This disorder usually begins in childhood, adolescence or early adult life. It usually begins without a clear onset and is chronic. Often people with this disorder also have episodes of Major Depressions a condition sometimes called "double depression."

Major Depressive Disorder: A diagnosis made based on one or more episodes of depression (without any manic episodes)

Characteristics

1. Either a depressed mood (in children/adolescents may be an irritable mood) and/or anhedonia, and associated symptoms, for a period of at least two weeks. The symptoms represent a change from previous functioning - occur most of the day, nearly every day, during at least a two-week period. It is an **illness** just as surely as are diabetes and heart disease
2. The average age of onset is in the late 20's, but a Major Depressive episode may begin at any age, including infancy.
3. Major Depressive, Chronic Type - episode last six months or longer
4. Severe depression, however, can actually keep its victims from seeking needed help. Some lack the energy/hope for the future needed to take the initiative; some view their symptoms as punishment or their own fault. This can especially be true if family and friends take this view.
5. There may be a genetic predisposition, but may be triggered by stress.

Symptoms

1. Appetite disturbance
2. Change in weight
3. Sleep disturbance
4. Psychomotor agitation or retardation
5. Decreased energy
6. Feelings of worthlessness or excessive or inappropriate guilt and recurrent thoughts of death, or suicidal ideation /attempts
7. Anhedonia - loss of interest or pleasure in things that were previously pleasurable, withdrawal from friends and family
8. Change in mood: tearfulness, anxiety, irritability, brooding or obsessive rumination
9. Excessive concern with physical health, panic attacks and phobias
10. Always some interference in social and occupational functioning. May be so severe they are totally unable to function socially or occupationally, or even to feed or clothe themselves, or maintain minimal personal hygiene.

Predisposing Factors

1. Chronic physical and psychoactive substance dependence, particularly alcohol and cocaine
2. Frequently follows a psychosocial stressor, particularly the death of a loved one, marital separation, divorce, childbirth
3. Possibility genetic component Research data indicate that people suffering from depression have imbalances of neurotransmitters, natural substances that allow brain cells to communicate with one another), e.g. are serotonin and norepinephrine. An imbalance of serotonin may cause sleep problems, irritability and anxiety; a decreased amount of norepinephrine may contribute fatigue and depressed mood.
4. Depression may run in families.

TREATMENT

Medication: tricyclics, MAO inhibitors and lithium usually become fully effective within three to four weeks after initiation.

> Side effects - dry mouth, blurred vision, drowsiness, lowered blood pressure and constipation - tend to disappear as the adjusts to the medication.

Often depressed patients do best with a combination of medication and psychotherapy.

Electroconvulsive therapy (ECT) – the last resort. Used when medications no longer work, used in severe cases of depression, when suicide is imminent.

PERSONALITY DISORDERS

Those with personality disorders have traits that cause them to feel and behave in socially distressing ways, typically resulting in discord and instability in many aspects of their lives. Depending on the specific disorder, these personalities are generally described in negative terms such as hostile, detached, needy, antisocial or obsessive.

While many other psychological disorders fluctuate in terms of symptom presence and intensity, as with normal personality, personality disorders typically remain relatively constant throughout life, although they do vary in severity from individual to individual (Dobbert 2007).

***Cluster A:* Odd or Eccentric Behaviors**

Paranoid Personality

Schizoid Personality Disorder

Schizotypal Personality Disorder

***Cluster B:* Dramatic, Emotional, or Erratic Behavior**

Antisocial Personality

Borderline Personality

Histrionic Personality

Narcissistic Personality

***Cluster C:* Anxious, Fearful Behavior**

Avoidant Personality

Dependent Personality

Obsessive-Compulsive Personality

Cluster A: Odd or Eccentric Behaviors

Schizoid Personality Disorder

- detached from social relationships
- show a restricted range of expressed emotion
- may be perceived by others as somber and aloof; often referred to as "loners."

Paranoid Personality Disorder

- distrustful and suspicious of others
- prone to unjustified angry or aggressive outbursts when they feel betrayed or humiliated
- come across as emotionally “cold” or excessively serious

Schizotypal Personality Disorder

- a need for isolation
- odd, outlandish, or paranoid beliefs
- in social situations, may show inappropriate reactions, may not react at all, or they may talk to themselves.

Cluster B: Dramatic, Emotional, or Erratic Behavior

Antisocial Personality Disorder (Sociopathy, Psychopathy)

- lack of empathy or conscience
- difficulty controlling impulses and manipulative behaviors.

Borderline Personality Disorder

- problems in regulating emotion
- dramatic and abrupt shifts in mood, impulsivity, poor self-image and tumultuous interpersonal relationships
- highly sensitive to rejection, and fear of abandonment - results in frantic efforts to avoid being left alone, e.g. suicide threats and attempts.

Narcissistic Personality Disorder

- grandiosity, need for admiration, and lack of empathy
- tend to be extremely self-absorbed
- intolerant of others' perspectives, insensitive to others' needs and indifferent to the effects of their own egocentric behavior

Histrionic Personality Disorder

- pervasive pattern of excessive emotionality and attempt to get attention in unusual ways, such as bizarre appearance or speech
- rapidly shifting, shallow emotions - can be extremely theatrical, and constantly need to be the center of attention.

Cluster C: Anxious, Fearful Behavior

Avoidant Personality Disorder

- hypersensitive to rejection and unwilling to take social risks
- display a high level of social discomfort, timidity, fear of criticism
- avoid activities that involve interpersonal contact

Dependent Personality Disorder

- needy and submissive behavior
- rely on others to make decisions for them
- require excessive reassurance and advice
- extremely sensitive to criticism or disapproval.

Obsessive-Compulsive Personality Disorder

- so focused on order and perfection that their lack of flexibility interferes with productivity and efficiency
- can also be workaholics - prefer working alone because they are afraid that work completed by others will not be done correctly.

ORGANIC MENTAL DISORDERS

DIMENTIA

NORMAL MEMORY CHANGES OR DEMENTIA SYMPTOMS?	
Typical Aging:	Symptoms of Dementia:
Complains about memory loss but able to provide detailed examples of forgetfulness	May complain of memory loss only if asked; unable to recall specific instances
Occasionally searches for words	Frequent word-finding pauses, substitutions
May have to pause to remember directions, but doesn't get lost in familiar places	Gets lost in familiar places and takes excessive time to return home
Remembers recent important events; conversations are not impaired	Notable decline in memory for recent events and ability to converse
Interpersonal social skills are at the same level as they've always been	Loss of interest in social activities; may behave in socially inappropriate ways

BRAIN INJURY/DAMAGE

- Often caused by a blow to the head (inflicted or accidental), stroke, or drug/alcohol abuse.
- Lost abilities which have not returned within 2 years of the injury are usually considered permanent.
- Can cause loss of recent, remote or long-term memory.
- Can cause temporary or permanent amnesia.
- The sooner treatment begins after the injury or stroke, the better the chances of recovery.
- Damage can affect cognition, sensory processing, communication, behavioral problems (acting out, social appropriateness, personality changes.)

DEVELOPMENTAL DISABILITIES

A **disability** is a functional limitation that interferes with a person's ability to walk, hear, talk, learn, etc.

A **handicap** is a situation or barrier imposed by society, the environment or oneself.

Examples of Developmental Disabilities

Mental Retardation
Cerebral Palsy
Epilepsy
Autism
Brain injury
Hearing and visual impairments

- Attributable to a mental or physical impairment or combination.
- Age of onset before 22.
- Continue indefinitely.
- Substantial functional limitations in three or more of the following areas of major life activities:
  1. Self-care (eating, dressing, and taking care of basic health needs)
  2. Receptive and expressive language (hearing and understanding what is being said, and being understood by others)
  3. Learning
  4. Mobility (inside and outside of home, school, work)
  5. Self-direction (making decisions about friends, education, jobs, money and other life-skill needs)
  6. Capacity for independent living (living safely without assistance most of the time)
  7. Capacity for self-sufficiency (working and earning a living)

What is the proper way to speak to or about someone who has a disability?

Consider how you would introduce someone -Jane Doe - who doesn't have a disability. You would give her name, where she's from, what she does, etc.

Why say it differently for a person with disabilities? Every person is made up of many characteristics - mental as well as physical, and few want to be identified only by their abilities or disabilities, e.g. "This is John. Even though he's in a wheel chair, he can really play tennis.

Proper terminology when speaking to or making reference to a person with a disability - the **person** first, then the disability.

(see handout)

Myths and Stereotypes About People Who Are Developmentally Disabled.

1. Live in institutions or nursing homes.
2. Are unable and do not want to work.
3. Are contagious.
4. Are sick and unhappy.
5. Cannot speak for themselves.
6. Are placed outside the home when they reach school age.
7. Are unable to receive training and therapy in urban and rural areas.
8. Lose the right to vote, enter into contracts, etc.
9. Are often incapable of and uninterested in romantic and sexual relationships.
10. Group homes for people with disabilities lower property values in the neighborhood or cause an increase in crime.
11. Are very different from their non-disabled peers.
12. Prefer the company of other disabled individuals.

* Choice and independence are important; let the person do or speak for him/herself as much as possible. If addressing an adult, say "Bill" instead of "Billy," or better yet, ask them what they would like to be called. Ask them if they need help, don’t assume they do.
* Do not label people as part of a disability group.
* Emphasize abilities, not limitations.
* Don't give excessive praise or attention to a person with a disability – it is patronizing to them

Law enforcement personnel may encounter persons with disabilities when they:

1. Appear to be lost
2. Need medical or physical assistance
3. Are a victim of a crime, or an alleged offender
4. Appear to be involved in potentially criminal activity, but in reality, their actions are a manifestation of their disability (i.e.), unsteady gait may give the appearance of intoxication
5. Are involved in a motor vehicle accident

MENTAL RETARDATION

Mental Retardation refers to persons who have intellectual functioning, which is below average and have a decreased ability to learn.

a. Mild – IQ 50 - 69
b. Moderate 20 - 49
c. Severe/profound IQ below 20

Approximately 90% of persons with mental retardation have only minor difficulties with learning and social functioning.

Mental Retardation Street Test

EPILEPSY

Epilepsy is a common neurological condition that takes the form of brief, temporary changes in the normal functioning of the brain's electrical system. It can affect persons of all ages. Recognition of epilepsy and knowledge of first aid is very important, as it is easy to mistake epilepsy for other conditions. Persons with epilepsy tend to be of normal intelligence, can be relatively free from seizures taking medications.

2 types seizures:

Grand Mal

- the whole brain is suddenly bombarded with extra electrical energy
- usually last from 2 to 5 minutes
- result in complete loss of consciousness and muscle spasms
- often mistaken for a heart attack or stroke

Petite Mal (non-convulsive)

- these types of seizures affect only part of the brain
- may take the form of a blank stare lasting a few seconds
- may cause involuntary movements of arms or legs
- may cause staring into space with erratic motor behavior, but not losing consciousness, or
- may cause episodes of "automatic behavior" in which the person is unaware of location or circumstances

Seizures can be controlled completely in about 50% of those who have the disorder, and reduced in another 30- 35% by regular use of anti-seizure drugs. Persons with epilepsy usually carry medication with them. If a scheduled dose is missed, the person risks a seizure.

Epilepsy with seizures is THE disorder most commonly mistaken for being drunk.

MOBILITY IMPAIRMENTS

Mobility impairments result from congenital defects, accidents, diseases or combat. Mobility impairments limit a person's ability to use their hands, feet, arms, legs and neck. They may have difficulty opening doors, manipulating objects, and getting from one place to another without certain assistive devices, e.g. wheelchairs, crutches, braces, and canes. Impairments can include:

1. Spinal cord injuries that result in paralysis to the legs, trunk, arms and neck, depending on where the cord was severed or damaged.
2. Cerebral palsy: damage to the brain and central nervous system. It affects control of the arms and/or legs. It may also result in some level of impairment in vision and speech.
3. Diseases: muscular dystrophy, polio, multiple sclerosis and diabetes.

Appropriate and Law Enforcement Responses to Persons With Disabilities

1. Make the person feel safe and comfortable in the environment.
2.. Assure the individual that you are a friend and try to calm them if agitated.
3. Speak directly to the person, use a normal tone of voice, average speech and non-threatening attitude to assist in getting responses to your questions.
4. Use patience.
5. Show respect to the person.
6. Use positive non-verbal messages through such means as posture, eye contact, and tone of voice.
7. Convey an attitude of acceptance and understanding.
8. If direct communication is required with a communication impaired person, it may be necessary to locate a family member, teacher, social worker, or interpreter to assist.

Responses cont.

9. If a person uses a wheelchair, squat or sit at their level when communicating, so as to maintain eye contact and not appear in a superior position.
10. Be aware it is not safe to approach a wheelchair from any angle.
11. When speaking with a hearing impaired person (or a person who speaks a foreign language) who uses an interpreter, look at the person while speaking, not the interpreter.
12. Be aware children with autism do not like being touched.
13. Be aware that all counties and human service departments across the state MUST provide needed training and residential services to all person with mental retardation.
14. Be aware school districts MUST provide needed educational services to all children with disabilities.
15. Be aware that according to the Americans with Disabilities Act (ADA) all police stations MUST be accessible to people with disabilities.

AUTISM

Symptoms

The severity of symptoms varies greatly between individuals, but all people with autism have some core symptoms in the areas of:

Social interactions and relationships:

- Significant problems developing nonverbal communication skills, such as eye contact, facial expressions, and body posture.
- Failure to establish friendships with others.
- Lack of interest in sharing enjoyment, interests, or achievements with other people.
- Lack of empathy. People with autism may have difficulty understanding another person's feelings, such as pain or sorrow.
- Do not liked to be touched.

Verbal and nonverbal communication:

- Delay in, or lack of, learning to talk. As many as 40% of people with autism never speak.
- Problems starting or continuing a conversation. Stereotyped and repetitive use of language, e.g. repeating over and over a phrase they have heard previously (echolalia).
- Difficulty understanding their listener's perspective. For example, a person with autism may not understand that someone is using humor. They may interpret the communication word for word and fail to catch the implied meaning.

Community Resources

Department of Human Services

1. In-home health resources.
2. In-home care resources.
3. Financial assistance.
4. Out-of-home placements and services.

Special Education Services

1. Local School District
2. Area Education Agency
3. Vocational Rehabilitation